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Bib Data Sheet

CONFIRMATION NO. 5467

<b>SERIAL NUMBER</b> 09/442,143	<b>FILING DATE</b> 11/15/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 9579-14
<b>APPLICANTS</b> GARY LEVY, THORNHILL, CANADA; DAVID A. CLARK, BURLINGTON, CANADA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF PCT/CA98/00475 05/15/1998 AND CLAIMS BENEFIT OF 60/046,537 05/15/1997 AND CLAIMS BENEFIT OF 60/061,684 10/10/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/27/1999</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 21
<b>INDEPENDENT CLAIMS</b> 12				
<b>ADDRESS</b> 1059				
AIR MAIL				
<b>TITLE</b> METHODS OF MODULATING IMMUNE COAGULATION				
<b>FILING FEE RECEIVED</b> 989	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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APPLICANT  
GARY LEVY, THORNHILL, CANADA; DAVID A CLARK, BURLINGTON, CANADA.

\*\*CONTINUING\* DOMESTIC DATA\*\*\*\*\*  
 VERIFIED PROVISIONAL APPLICATION 60/046,537 05/15/1997  
 991877 60/061,684 10/10/1997  
OK KC PCT/CA98/00475 5/15/98 ←

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
 VERIFIED  
OK KC

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
 VERIFIED PCT PCT/CA98/00475 05/15/1998  
Move to continuity data KC

SMALL ENTITY

Foreign priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CAX	SHEETS DRAWINGS 0	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 12
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Verified and acknowledged Karen Clemens KC  
 Examiner's Name Initials

ADDRESS  
 BERESKIN AND PARR  
 SCOTIA PLAZA  
 40 KING STREET WEST-SUITE 4000 BOX 401  
 TORONTO , ONC M5H 3-Y2

TITLE  
 METHODS OF MODULATING IMMUNE COAGULATION

FILING FEE RECEIVED \$**924	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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